MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10590735 APPLICANT(S)					FILING DATE		
	ASE	TLED	AF	TER	AFT	CEP	LAIMS								
	IND. DEP.		1 <sup>4</sup> AMENDMENT		2 "AMENDMENT				AS FILED		AFTER FAMENDMENT		AFTER		
1			111111	DEP.	IND.	DEP.	-		IND.	DEP.	IND.	DEP.	IND. DEP.		
$\frac{2}{3}$							5						IND.	DEP	
4				· · · · ·	,		. 53	3							
5.							.54								
7		-					55 56								
8							57							<del> </del>	
9							58								
10							59								
12							60							<del> </del>	
13							62								
14 15							63								
16							64	- -							
17							66	_							
18							67								
19 20							68	-							
21							. 70	1-							
22 23							71		·						
24.						-	72 73	+-					·		
25							74	1							
26							75								
27							76	-							
29							78	1-	_						
30							79								
1.							<u>80</u>	<del> </del>							
3							82	<del> </del>							
4			_		·	<b></b> ∤ '	83								
5 6							84 85							-1	
7							86								
8			<del></del>			_  .	87							_]	
9					<del> </del> -		88							$\dashv$	
	<del> </del>					-	<u>89</u> 90							-	
		- -				7	91				-				
		_				4.	92							4	
						-	93					1-	+	-1	
							94		-						
							96		-					7	
			3				97			- <del> </del>	<del></del>				
			-01,11			-	98					1	-	-	
						-	99		-				<del> </del>	-1	
IND.	-		1		1	1		<del></del>	+					Ţ	
EP 7	<u> </u>	·	_		▼	1.	TOTAL IND.		#		1			7	